

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10/019475		
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1				51		
2			1			52		
3		1				53		
4			1			54		
5			1			55		
6			1			56		
7		1				57		
8			1			58		
9			1			59		
10			1			60		
11		1				61		
12			1			62		
13			1			63		
14			1			64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.		1				TOTAL IND.		
TOTAL DEP.		12				TOTAL DEP.		
TOTAL CLAIMS		14				TOTAL CLAIMS		